

# What's the Rush, RI?

Advocating for evidence based marijuana policy in Rhode Island

[www.WhatsTheRush-RI.org](http://www.WhatsTheRush-RI.org)

April 29, 2021

The Honorable Representative Marvin Abney  
Chairman, House Finance Committee

RE: Article 11 of Governor's 2022 Budget

Mr. Chairman and Honorable Committee Members,

Thank you for the opportunity to express our views on Article 11. My name is Mike Cerullo. As you may recall from numerous hearings over the past 8 years, I am a licensed therapist, former marketing executive and former member of the Exeter Town Council. I was also a member of the short-lived Joint Legislative Commission to Study Marijuana for Recreational Use.

My What's the Rush, RI? colleagues and I oppose the Legalization of Marijuana for recreational use as described in the current language and structure of the Governor's proposal. This year, rather than recount years of our observations, I would like to:

- Incorporate by reference the recommendations contained in the just released 2020 Public Policy Statement of the American Society of Addiction Medicine (ASAM). [https://www.asam.org/docs/default-source/public-policy-statements/2020-public-policy-statement-on-cannabis.pdf?sfvrsn=aa3c58c2\\_2](https://www.asam.org/docs/default-source/public-policy-statements/2020-public-policy-statement-on-cannabis.pdf?sfvrsn=aa3c58c2_2)

It is our view, supported by the ASAM report, that Article 11 would not effectively implement their expert, evidence-based recommendations. Rather, that the proposed "commercial" model will in fact run counter to the best interests of the people of Rhode Island. As these models have demonstrated they lead to more use by both adults and, youth. And, again as demonstrated, instead of producing adequate and sustainable revenue, including for education, treatment and prevention, commercial models send the bulk of any "profit" into the corporate coffers of the Addiction Sales Industry.

As a former Sales and Marketing executive I believe, along with ASAM, The Rand Corporation and other public health and regulatory experts, that the least problematic approach is a State Controlled model.

This is because the very nature of the "supply driven, market growth, market share, quarterly balance sheet driven" imperatives, strategies and tactics that characterize any commercial venture will generate explicit and implicit messaging designed to lead to more use by adults, and, minors. It will also further fuel the black and gray markets that supply the youth who will be drinking the Kool Aid messages that the Addiction Sales Industry will inevitably push as certainly and with more power and credibility than street corner dealers. And, it will all happen with the explicit endorsement of our government.

As we have learned so tragically over the past decade, it has been precisely these drivers of the pharmaceutical industry's marketing strategies that resulted in the deadly supply driven opioid epidemic. We respectfully ask, if we legalize, why would we choose a model whose entire *raison d'être* is to increase use?

Indeed, national trends in ownership and investment clearly show that the marijuana industry is now characterized by partnerships, acquisitions and mergers that combine and affiliate Big Marijuana with Big Alcohol and Big Tobacco interests.

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Control of and reduction of Addiction is in the best interest of our state. Marijuana is an addictive substance, just as is alcohol and tobacco. By giving oxygen to this new member of the Addiction Sales Industry in the form of the proposed Commercial model, we will inevitably increase the number of victims of addiction of every age. The data reviewed by ASAM supports and confirms this indisputable reality.

As we have consistently and respectfully argued over the years, the decision to move beyond medicalization and decriminalization ... if we decide to do this ... must be evidence based. ASAM's documentation and recommendations provide us the evidence and perspectives to do this ... and to do it as well as possible in the best interest of RI.

In closing, we are prepared to provide more detailed, Rhode Island specific data and perspectives on the ASAM Statement, in the form of brief presentations, etc. For example:

- We would provide detailed information regarding post-legalization impacts on daily to near daily (DND), (20 to 30 days per month) youth THC use and addiction that documents remarkably high rates especially among middle and high school aged students in Colorado and elsewhere. In fact, if we used their experience and extrapolated it to RI, based on our middle and high school population of 130,000 and current use rates in RI variously reported as 11 and 20% it is likely that, currently, RI's "addiction pipeline" has from 1400 to 5400 youth already in it and between 350 and 600 will join it every year.

We respectfully recommend that Article 11 as presented not be enacted until such time as ASAM's recommendations can be reviewed and incorporated into any legislation to legalize recreational use of marijuana.

Respectfully submitted,



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